

Presidential Address

by Geo. Clingan, M.D.,

*President, Manitoba Medical Health Officer's Association,
at the First Annual Meeting, held in Winnipeg, September 22nd, 1942*

Ladies and Gentlemen:

I want to say how much I appreciate your having elected me as first President of your Association.

The work during the year since our last meeting has not been light, what with preparing a constitution for your consideration and other things.

It is usual to exact from the outgoing President an address, and so I conform to that custom and in doing so will outline some of the things an association can do—some of the ways in which it can bring about wholesome advancement.

I would suggest we might have three principal objectives:—

Firstly and outstandingly — promote the health and well-being of the Public.

Secondly—co-operate with the Department of Health and Public Welfare.

Thirdly—promote the welfare of the Medical Health Officers.

I can visualize this Association becoming a valuable means of promoting the well-being of those whose care we, as physicians, have undertaken.

The time has arrived when it is no longer enough to wait till one takes sick, and for us to step in then and try to cure.

The public has become health-conscious. It demands that measures be taken to prevent disease—not merely to cure it.

And it is time this had taken place. In our complacency we permitted to prevail such conditions, that an appallingly high percentage of our men of military age have to be rejected because of physical unfitness. Much of this came about because of defective conditions that might have been prevented had the proper attention been given earlier in life in detecting these conditions and giving a chance for correction. We, as Health Officers should take on the responsibility of this work. By doing it well we do a two-fold work (1) Promote the well-being of the Public, and (2) Enhance our own individual position.

In 1928 Dr. Montgomery — the man who taught many of you your medicine—became Minister of Health and reorganized that Department. To assist him he induced Dr. F. W. Jackson to become his Deputy—a wise choice. Dr. Jackson has become recognized as one of the most outstanding Deputy Ministers of Health in the Dominion. The Department has pursued a

policy of making it possible to take the best of care of those suffering from communicable disease. It must depend on its Health Officers to assist. What would we do if we were charged with the health of the citizens of the Province?—if any one of us should become Minister of Health in some government? We would try to have it carried out. If our assistants failed, would we throw up our hands and say—"It can't be done?" Not at all. If we were in charge of a battalion and some of our officers failed to do their work, would we throw up our hands and say we would just let it go at that? No. We would appoint others who would do the work and do it right. Too many battles have been lost through laziness, and carelessness, and lack of proper work on the part of some who should have been capable.

We Health Officers are those officers under the command of the General, the Minister of Health. He is not going to let his campaign fail because we will not fit ourselves for our job. What can he do? His plans must be carried out. If we do not do the work he will find others who will, and we will be demoted. By doing our job well we will increase our own welfare.

The public is appreciative of the Health Officer who does his work well.

But you want to know about remuneration—well—what about the work you have done? Have you been worth what you have received?

Provision has been made by your passing of a resolution, regarding remuneration. This will be passed along to the Manitoba Medical Association—which will pass it along to the Department of Health, which has been asking for some expression of opinion along this line, to my personal knowledge, for at least three years.

But regarding remuneration. If you did what is suggested as proper for a Medical Health Officer's work, what percentage of your working time for the year would it take? Compare that with your other work and you will find yourself not too badly paid.

A few years ago, to get it started, I began examining the children of the schools in a rural municipality, as to such conditions as tonsils, teeth, eyesight, and sent a report to the parents. This cost the municipality nothing. Many of the parents took the advice on the card I sent them and consulted their family physician and a good percentage of them had these defects attended to. This meant revenue. Later when I broached the subject of Immunization there was no difficulty whatever. This was paid for at the rate asked. The Council was unanimous in wanting

it done and paid the fee I asked without a murmur. This year when I proposed to the Council of the Town of Virden, and that of the Rural Municipality of Wallace, the examining of all students in High Schools and of the age of 14 years and up in the Public Schools. there was no demur. To show them how valuable it might be I copied a page of the monthly report of the Health Department of the City of Winnipeg, which I had received through the courtesy of Doctor Loughheed, Health Officer of the City of Winnipeg. This was so impressive I don't know that I could have prevented the Councils from ordering me to do the work.

I then asked the other two doctors in town to assist.

The Council of Virden paid for all examinations, regardless of the place of residence of the pupil. Generous, you say? Show the Councils the possibilities for good and most of them will co-operate.

The examination of children will go further than just that of High School. Before long it will be compulsory at entrance to school, or maybe before that. The young people who are depending on us, must be given a chance to compete in the game of life. We must avoid having premature crocks on the hands of the State. The State must look to it.

We are all patriotic. "O Canada," we sing with gusto! "O Canada, Our Home and Native Land." We wouldn't dare sit aside and not sing it with the best voice at our command, if the par-

ents of some of our fliers, or army, or navy, were near. What we would do with Hitler, if we were behind him for a minute! Yes, but what would we do if we were in front of him where he could see us? We have something more important than that looking at us—we have our own statements that we want to do something worth while for Canada. Here it is—I offer you this—Do this job that needs doing and needs doing well. You will have to do some preparatory work—interview Councils, etc. Is it too big for us? We have done big jobs before. George Washington had to do a lot of hacking with his hatchet before he got the cherry tree down—but he got it down—he kept on hacking and I don't recall he asked anyone in to help him hack. Let us keep on hacking.

I know the Department of Health is scolded sometimes because it does not do this or that. I take time out once in a while myself to do it.

We can probably find some nearer home—ourselves, who might be scolded for not doing better work, who might do more for US.

Please note—I have not asked you to help make this Association a success.

Use it—tell us about yourself—ask us for help and if we can give it, it will be done.

If you want to scold the Department, show us you have a legitimate reason, and we will help you.

But more than anything else I ask you to do that little job around home—get started.

A Year With The Indians

by Robert F. Yule

Medical Superintendent of The Pas Indian Division

After almost a year in the Indian work I am naturally now quite qualified to tell you how the Indian problem should be handled. Probably after two or three years, my knowledge will be less, and I will be able to write a better paper.

For ten months of the year the work differs little from my former practice, except that it is practically all office and hospital. During this time your patients come to you for attention, but for the balance of the year you go to them. There is, of course, the ever-present difficulty of getting a history. The Indian comes to you to be cured, not to give you his autobiography.

The type of cases varies little from other practices. One sees more T.B. Thyroid conditions are not common, nor are those related to the Menopause. Lues and Gonorrhoea are met with in places near the Railroad. In the Reserves not closely connected with the white population, the number of cases seen is quite limited.

Surgically we have had the ever-present Appendix—ruptured and otherwise. There have

been several Gall Bladders, and in one case a large stone ruptured from the Gall Bladder into the Duodenum and caused an obstruction. Hernia does not appear to be common, but does occur. Diseased Tonsils appear to run a bigger percentage than amongst the white children.

On some of the Reserves the teeth are very bad. It would appear that the tribes further north, whose diet is more exclusively meat and fish, have better teeth.

In spite of the fact that they have had medical and hospital attention free for decades, the Indian is not unreasonable in his demands along these lines. Their former objection to hospitals is disappearing. However, they do object to their babies being stripped and washed. Have had them refuse to let a child go to the hospital when I would not agree to prevent the nurses from washing the child. The only part of the child's anatomy exposed is the part on which a diaper is used, but on which they use muskeg moss. It works surprisingly well, as one seldom

sees a scalded child. It is probable that the horror of washing babies in winter dates back to the days when they lived in tents. It is reasonable to suppose that the atmosphere was not conducive to safe bathing.

Contrary to my preconceived ideas, the women are shy and object to even a superficial examination. This may account for the fact that I have had very few maternity cases. On the other hand, it may simply mean that I have not got "IT." An incident that happened on the Treaty trip might be said to verify this idea. The only white man on the Reserve was spiritual adviser, school teacher, and medical officer combined. A girl, about eighteen, came in with an injured finger. She sat on his knee while he proceeded to dress the wound. My patients have never shown any inclination to sit on my knee.

The four thousand Indians are scattered in fourteen Reserves over the spaces north of here, the furthest being some 450 miles. They are all Crees except the two Barren Land bands, who are Chippewans. The Treaty rights of these people call for a payment of five dollars to every man, woman and child, once a year. To carry out these obligations involves a plane trip of approximately two thousand air miles. This is done during June and July by a Treaty Party consisting of the Indian Agent, an R.C.M.P. officer, an Interpreter and a Medical Doctor. The R.C.M.P. officer is responsible for the many thousands of one-dollar bills which the Agent pays out on each Reserve to all who have their name on the Treaty Book. The money is paid in one-dollar bills in order to give the Indian more fun in spending his money. He very seldom takes change, so he has five opportunities to buy rather than one. The Doctor looks after the sick, and brings the vaccinations up to date. However, his principal occupation is pulling teeth. The Agent is really the important person of the party as he has the final word in disputes that may have arisen during the year, and is sometimes called upon to name the newest addition to the Band. I wondered if he was responsible for some of the names noted. It gave one a bit of a shock when informed by a proud mother that the child's name was Winston Churchill. There was one boy called Adolph Benito Anthony, evidently named before the war.

At one of the Reserves the Band put on a sports day, which would have been a credit to any location. An Indian walked back and forward on a rope tied loosely between two posts. He stayed on it for twenty minutes and used no balancing pole. There was a pack race, covering about three-quarters of a mile. Those taking part carried two hundred pounds of flour on their backs, and all finished the race. One man stood up with nine hundred pounds of flour on his back. This is no fish story, and I have a snapshot to prove it.

Another interesting and at times extremely annoying factor, was the matter of time on several Reserves. The clergymen there set the clock and it varied from our time from one to two and a half hours. As there are very few time-pieces amongst the Indians the church bells regulate the meal time. On one Reserve it was sun time, so it changed daily.

In accordance with the usual custom the Treaty Party attended divine service in a body. At one service we listened to a very creditable discourse by an Indian minister who also acted as organist. He produced some very good music out of one of the smallest melodeons I have ever seen. Decided that all the seeds have not fallen on stony ground. After I had carefully placed my collection in a handy pocket so as not to make a mistake and put in too large a bill, there was no collection plate passed. Later I enquired of the minister about this oversight, and he assured me that only on special occasions do they pass the plate.

Exigency of War

Oleum Percomorphum 50% is now known as Oleum Percomorphum 50% with Viosterol. The potency remains the same; namely, 60,000 vitamin A units and 8,500 vitamin D units per gram. It consists of the liver oils of percomorph fishes, viosterol, and fish liver oils, a source of vitamins A and D in which not less than 50% of the vitamin content is derived from the liver oils of percomorph fishes (principally *Xiphias gladius*, *Pneumatophorus diogetus*, *Thunnus thynnus*, *Stereolepis gigas*, and closely allied species).

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Recent Research Finds Wide Difference in the Digestion of "Fibre"

STUDIES recently undertaken at one of the leading universities bring new evidence to an understanding of digestive differences of various "bulk" in the diet.

While heretofore nutritionists generally have held to the theory that "fibre" from one food is no more or less digestible than the fibre from another, results of this research indicate that there are wide differences in the human digestion of fibre from different sources.

Obviously, the more fibre is digested, the less remains to aid proper elimination. Therefore, when diets do not appear to supply adequate "bulk", it may be desirable to consider *other* sources of "bulk", rather than merely adding *more* "bulk" from the *same* sources.

Subjects of this experiment also reported that of all the foods tested the most desirable laxative action was produced by **KELLOGG'S ALL-BRAN** and by one of the raw vegetables (cabbage).

KELLOGG CO. OF CANADA, LTD., London, Ont.

Kindly send me free reprint of full report on the recent research on digestion of fibre from different sources.

Doctor.....

Address.....

Analysis of the Second Year of operation of the Firefighters' Medical Service contrasted with the First Year.

The rates are on a basis of per thousand per annum.

Table 1

| | 1st Year | 2nd Year |
|---|----------|----------|
| Office Consultations | 1675 | 1941 |
| House Visits | 634 | 551 |
| Hospital Visits (Major and Minor operations not included) | 445 | 437 |
| Major operations | 55 | 46 |
| Minor operations | 50 | 33 |
| Tonsils and adenoids | 18 | 15 |
| Fractures | 7 | 5 |
| Maternity, term and abortions | 14 | 21 |
| Refractions | 78 | 76 |
| X-Ray | 36 | 60 |
| Illnesses | 936 | 935 |

Table 2

| | 1st Year | 2nd Year |
|--|----------|----------|
| MAJOR SURGERY COST: | | |
| (Percentage of total cost) | 38% | 34% |
| Average cost of Major operations | 104.00 | 106.00 |
| X-Ray | 5.7% | 6.7% |
| Specialists cost | 46 % | 42.8% |
| Dependents provide 52% of revenue and cost | 64% | 65% |

Table 3

| | 1st Year | 2nd Year |
|--------------------------------------|----------|----------|
| MAJOR OPERATIONS: | | |
| Gynaecology (Women's Diseases) | 8 | 1 |
| Hernia | 6 | 4 |
| Appendicitis | 5 | 9 |
| Thyroidectomy | 4 | 1 |
| Gastro-intestinal tract | 2 | 5 |
| Miscellaneous | 6 | 7 |
| | 31 | 27 |

MATERNITY, including pre and post-natal care cost \$584.00, an average of \$49.00 per case.

Some interesting points are to be noted:

1. There is an increase in the number of office consultations, maternity and X-ray.
2. In the second year, there are no abortions reported, which suggests that pre-natal care may have been an influence.
3. Refractions are still higher than one would expect, and higher than those of other medical service plans.
4. Surgical operations show a marked decrease in the classes which can be called chronic, as distinct from emergencies.
5. It is likely that the diseases of women, requiring gynaecology, hernias, and goitres were all in existence before the plan came into effect, and that having been dealt with, new cases of this nature will not be common. These are the types of cases for which operation is often deferred on account of the high cost.
6. It may be noted that during the two-year period, one person in every ten had a major operation of some kind.
7. Accounts submitted were \$9,730.00 and were approved by the Medical Advisory Board for \$8,493.00, a reduction of 14%.

Personal Notes and Social News

Dr. and Mrs. Ralph T. Robinson of Winnipeg are being congratulated on the birth of a daughter at the Winnipeg General Hospital, on October 23, 1942.

◆ ◆

Surg.-Lieut. A. J. C. McCallum, R.C.N.V.R., who has seen active service on both the Atlantic and Pacific oceans, was a recent visitor to Winnipeg. While here, he was the guest of his mother, Mrs. A. J. McCallum, Florence Apts.

◆ ◆

Dr. Isabelle McTavish has taken up practice in her home town of Newdale, Man.

◆ ◆

Dr. Raymond Stubbing (Western U.), is practicing with Dr. H. V. Waldon at Vita, Man.

◆ ◆

Dr. I. K. Gilhuly is now located at Minnedosa, Man.

◆ ◆

Dr. A. W. Natsuk (Man. 42), is now practicing with Dr. A. G. Meindl.

◆ ◆

Dr. S. R. Levin (Man. 41), is on the staff of the Bermack, Easton Clinic.

◆ ◆

Dr. E. J. Skafel, formerly of Minnedosa, Man., has moved to Sarnia, Ont.

◆ ◆

Dr. Henry Funk, formerly of Herbert, Sask., is now with Dr. A. P. McKinnon of Winnipeg.

◆ ◆

Dr. G. S. Baldry is now on the staff of the Department of Health of the province of Manitoba.

◆ ◆

Dr. Leonora Hawirko, formerly on the staff of the Central T.B. Clinic, Winnipeg, has gone to Edmonton, Alta.

Dr. E. M. A. Leitch, formerly of Portage la Prairie, Man., has moved to Topeka, Kan.

◆ ◆

Dr. Marguerite B. B. Shea (Toronto 33), is on the staff of the Victoria Hospital, Winnipeg.

◆ ◆

Dr. W. T. Dingle, who recently arrived from England where he took a post graduate course in London, is now on the staff of the Sanatorium at Ninette, Man.

◆ ◆

Dr. Mary E. Crawford, formerly of Winnipeg, has moved to Invermere, East Kootenay, B.C.

◆ ◆

Dr. I. M. Shankman is now located at Lampman, Sask.

◆ ◆

Dr. J. G. Shep, formerly of Ericksdale, Man., is now in New York City.

◆ ◆

Dr. A. R. Lerner, formerly of Gladstone, Man., has moved to Oklahoma City.

◆ ◆

Dr. F. G. Schwalm has moved to British Columbia.

◆ ◆

Dr. Jos. Grof, formerly on the staff of St. Boniface Hospital, is now at Brandon.

◆ ◆

Dr. D. B. Stewart of Vita, Manitoba, is in the R.C.A.F.

◆ ◆

Dr. David Christie, R.C.A.F., has been recently transferred from Toronto to Brandon.

◆ ◆

Dr. J. D. Adamson, professor of medicine, and Dr. G. S. Fahrni, assistant professor of surgery, have been appointed to the directorate of the medical services with the rank of Lieutenant-Colonels, as consultants in medicine and surgery respectively for Western Canada.

Be Patriotic this Christmas. Make Your Gifts War Saving Stamps and Certificates. Gifts that Fight.

War Savings Stamps and Certificates make ideal Christmas gifts. They are easily obtained, and welcomed by the recipient and help the boys overseas. No one should give cash or cheques at Christmas when they can so easily give Stamps and Certificates. Members of the Royal Family have given them before and will no doubt give them again. They have set a worthy example, one which no one should fail to follow.

There are special War Savings Stamp Christmas Cards. Their use will speed victory and make this, our fourth Christmas at war, a Christmas with a deeper meaning.

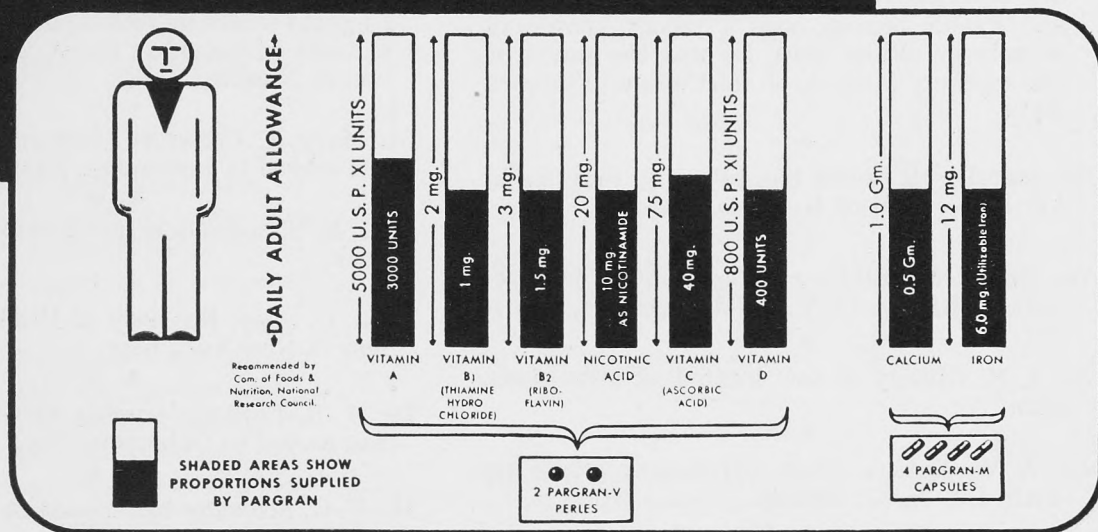
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Editorials and Association Notes

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Abuse of Liver

The spectacular results of liver therapy in Pernicious Anaemia have linked together the words anaemia and liver treatment in the public mind. Unfortunately this is also true of the drug houses and of some practitioners. The drug houses delight in mixtures of iron and liver to save the doctor the trouble of making a diagnosis. Some patients are given liver injections because they look pale, and others get liver after a full blood count showing an obvious iron-deficiency anaemia, which the doctor does not know how to interpret. Liver is as useless to these patients as is iron to Pernicious Anaemia, excepting in a few rare cases.

As Pernicious Anaemia requires careful treatment for the rest of the patient's life it is of the utmost importance to have the diagnosis iron-clad before the treatment regime is started. This is the more important as treatment alters the blood picture so that doctors who may treat the patient in future years will not be able to be sure of the diagnosis unless records are available or unless the patient is allowed to go into a relapse.

Diagnosis

The diagnosis of Pernicious Anaemia rests on the following factors:

1. A Color Index of 1 or over, i.e., the haemoglobin % is relatively high, for the number of R.B.C.'s. Example—Haemoglobin 60%, R.B.C.'s

21½ million (or 50% of normal); 60% divided by 50% gives color index of 1.2.

2. Many macrocytes in the blood smear. This is confirmed by a simple halo test giving an average red cell diameter of 8 microns or more; (normal is 7).

3. No free HCl in stomach after histamine injection.

4. Response to liver injection. Either a rise of several per cent in the reticulocyte count after a week or a rise of R.B.C.'s in two weeks varying with the initial level of R.B.C.'s. With an initial level of one million there should be an increase of 1.2 million; with an initial level of 2 million there should be an increase of .86 million; with an initial level of 3 million there should be an increase of .5 million; with an initial level of 4 million there should be an increase of .16 million.

5. No occult blood in stool re possible gastric carcinoma imitating Pernicious Anaemia; and no fish tapeworm eggs in stool. Fish tapeworm can also produce a blood picture identical with Pernicious Anaemia.

6. Smooth tongue which may occasionally be sore. Pins and needles and numbness in hands and feet if nervous system complications are present. More advanced cases may have loss of tendon reflexes and positive Babinski reflexes.

Treatment

Even when correctly diagnosed, mistakes are often made in the treatment of Pernicious Anaemia. If gastro-intestinal symptoms are present 30 minims of dilute HCl should be given in a tumbler of water or buttermilk with each meal. Liver should be given intramuscularly as this is cheaper and its absorption more certain than oral therapy. To start with 1 cc. of liver extract containing 10 to 15 U.S.P. units per cc. can be injected thrice weekly for 2 weeks. Then 1 cc. weekly till haemoglobin reaches 100%. Then 1 cc. every 3 weeks, watching the haemoglobin. If it is maintained at 100%, 1 cc. every four weeks can be tried. Patients who have pins and needles and numbness should have about twice as much liver as others until these symptoms have gone. Patients whose haemoglobin is maintained at 100% will not develop neurological complications.

—F.G.A.

Dr. George Clingan



If the reward for doing good work is to have more work to do, then George Clingan has been doing good work and doing it for a long time. Born near Orangeville, Ontario, March 28, 1868, he is only seventy-four and a half years old. Possibly his Irish ancestry accounts for his humour and love of fun. Educated in Orangeville schools, he started teaching before he was eighteen. In 1892 he graduated M.B. from Toronto University and was resident physician in the Toronto Sick Children's Hospital for a year and a member of the staff from 1893 to 1895. He taught anatomy in Toronto Medical College for two years. In 1898 he came west to establish a practice at Virden where he has ever since continued to minister to the needs of the community.

His military service has been impressive. Enlisting as lieutenant in the 12th Manitoba Dragoons in 1899, he rose to the rank of major. In 1915 he was commissioned to raise a battalion. This was the 79th Overseas Battalion of Brandon, which he took to England. He became Officer Commanding No. 2 Canadian Stationary Hospital, at Outreau, France, and later of the Canadian Convalescent Hospital at Monk's Horton, England. At present he is recruiting representative in Virden district.

From 1914 to 1922 he represented Virden in the Manitoba Legislature.

In community life he has been Health Officer for Virden and the Municipality of Wallace for thirty years, councillor of Virden 1906-7, and Mayor of Virden 1908-09.

In medical circles he has been a member of the Canadian Medical Association from his graduation and in 1940 he was made a senior member. From the inception of the Manitoba Med-

ical Association he has been a member; he has been active in the work of the North-Western District Medical Society, and President of the Manitoba Medical Association in 1936. In September 1942 he was made an Honorary Member of the Manitoba Medical Association.

Despite all his wealth of experience and the honours that have been heaped upon him, he is a modest, kindly gentleman and one of the best of companions.

Undiagnosed Acute Abdomen

by R. Kippen, M.D., Newdale, Man.

Man sixty-eight, 5 ft. 7 in., weighing 155 lbs., was seen six weeks ago with pain in back in lumbar and kidney region which was diagnosed lumbago. This cleared up in a week under rest.

At 4 a.m. patient got up to micturate and was stricken with severe pain in region of left kidney behind and left lower abdomen in front. Pain so severe that he lay on his abdomen on floor for two hours.

At 8 a.m. was seen; pains severe, worse in left lower abdomen which was rigid and tender. Had vomited twice and was able to pass about one ounce of urine. This contained large number of granular and hyaline casts and medium albumin. Patient looked ill, pulse 56, temperature 96, B.P. 160-90. Prostate only slightly enlarged. Tablets phenacetin and codeine had little effect on pain which was severe and constant.

At 3 p.m. patient was no better, pulse 100, temperature 98. Pain not relieved. No desire to pass urine. No distension. A catheter passed drew off no urine. A dullness was noticed in left lower abdomen occupying about half that side which was still rigid and tender.

At 8 p.m. condition worse. He refused to go to hospital. Pulse 120, temperature 99, resp. 24. Sleepless. Bowels had moved. A catheter passed again withdrew no urine. Dulness more marked. Patient became weaker, looked paler, breathed faster and died at 11 p.m.

At partial autopsy the muscular wall on left side was over an inch thick being infiltrated with dark blood. There was a pint or more of dark blood in abdomen, bladder empty and intestines appeared normal. A tumor the size of a base ball was felt in region of left kidney. A part was removed and an examination by Dr. S. Meltzer of Winnipeg proved to be an aneurysm of aorta.

Winnipeg Medical Society

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MEETINGS

Third Friday, each month

Next Meeting**December 18th**

MEETINGS

Start exactly at 8:15 p.m.

NOTICE BOARD

Before me I have a number of letters. They come from various places in Great Britain and some are from His Majesty's ships. They are letters sent to thank us for parcels received. Here are the names of the writers: Athol Gordon, Bob Cooke, W. B. MacKinnon, Robert Swan, Q. D. Jacks, E. A. Sellers, Ian Maclean, Norman Chivers, M. R. Elliott, Ben Schoemperlen, A. N. Sommerville, M. Carlton, H. Meltzer, Bruce Hunter, C. E. Corrigan, T. E. Holland, John D. Leishman, Glen Hamilton, and Hartley Smith.

The writers wish to have their thanks conveyed to the Society and all say that the "goodies" were welcome and enjoyed. Athol Gordon starts off with "Greetings with a V sign" and goes on to say: "Like the Prophet Elijah I have been caught up in the chariot of fire and translated to the rarefied atmosphere of the C.M.H.Q. there (for my sins no doubt), to be adviser in C. W. to the Medical Services, God help them!" He says this is a very good job. Athol didn't say just what the job was. I was wondering if it had to do with sanitary services, the "C.W." being possibly an example of the Army's method of putting the noun first when an article is described. Glen Hamilton says, "It certainly is nice to be remembered by the folks back home and the items you sent are those most difficult (in fact almost impossible) to secure here." Eddie Corrigan writes that he has had a busy time moving from place to place. He is now D.A.D.M.S. of the First Division. John Leishman has found time to get married to a Nursing Sister, so that the food parcel was probably wasted on him. At that stage of life "a loaf of bread, a flask of wine, and thou" are all that are necessary. Herbert Meltzer has been popping in now and again to see how things are going at No. 5 General Hospital. He had a busy time during the August raids. Andy Sommerville says that he was a bit scared that he might be sent back to Canada because of "anno domini." In his last letter he said that he was looking after 500 Wops, who strangely enough sing "Viva Mussolini." M. Carlton is with a Hamilton unit. Vincent McKenty was with them for a while, and he has met Cecil Pace and Paul Tisdale. H. Meltzer is at No. 1 Canadian General Hospital. It is a Montreal hospital but there are four Manitoba graduates, but he does not name them. He says that they had a busy time after Dieppe. T. E. Holland also had a stretch of twenty-four hours just after Dieppe.

Will have all the letters at the next meeting, where you can see them for yourselves.

The "Bundles for Britain" plan started somewhat over a year ago. When George Ryan came back from England he told us that the boys overseas felt a bit neglected because they had not been remembered in any way by their Societies. We decided to remedy the matter and appointed C. B. Stewart to look after it. The Manitoba Medical was asked to help and they agreed to put up half of the money. Dr. Coad represented the M.M.A. Jack MacKenty was appointed "military adviser."

This committee prepared a list of all the Manitoba medical men overseas. This list has been kept up to date and is as complete as possible. It includes many who are not members of our society or of the M.M.A. Your Executive felt, however, that you wanted all our overseas friends remembered. Many of these were ex-internes who had had no opportunity to join any organized body. We felt that these boys would all the more appreciate our organizations if they found them to be helpful and unselfish. The Christmas parcels were despatched early in November and included maple sugar, soda crackers, cheese, concentrated grapefruit juice, hard candies, Christmas cake, chocolate drink in powder form and some other items I have forgotten. We had sent nothing for four months so that we could afford four dollars for each one. Altogether we sent 71 parcels—the largest number yet.

Last year we had the very welcome help of the M.M.A., but that help has now been withdrawn because the Association revenues cannot stand the expense. We have approached the C. P. & S. but so far have not heard what they mean to do. Our own income is limited but, if we have to, we can carry on even if we have to take up a collection at our meetings. Last year your Executive felt that you did not want us to hoard our income, but to spend it in ways such as these. A dollar a month is not much when it comes to buying things, but 70 dollars a month is quite a lot for us to spend. Incidentally, will all those who still owe their dues pay quickly so that we'll have enough for the next consignment?

J. C. HOSSACK.

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Comparisons Communicable Diseases—Manitoba

(Whites Only)

| DISEASES | 1942 | | 1941 | | TOTALS | |
|-------------------------------|----------------------------|--------------------------|----------------------------|--------------------------|------------------------------|------------------------------|
| | October 8 to November 4 | Sept. 10 to October 7 | October 8 to November 4 | Sept. 10 to October 7 | January 1 to Nov. 4, 1942 | January 1 to Nov. 4, 1941 |
| Anterior Poliomyelitis..... | 9 | 9 | 26 | 89 | 56 | 1002 |
| Chickenpox..... | 270 | 48 | 190 | 73 | 1849 | 1444 |
| Diphtheria..... | 36 | 31 | 19 | 14 | 190 | 135 |
| Diphtheria Carriers..... | 14 | 8 | 4 | 1 | 31 | 13 |
| Dysentery—Bacillary..... | 2 | — | 1 | 1 | 9 | 3 |
| Encephalitis..... | 2 | 4 | 4 | 24 | 34 | 506 |
| Erysipelas..... | 3 | 3 | 7 | 2 | 80 | 62 |
| Influenza..... | — | 14 | 3 | 8 | 194 | 225 |
| Measles..... | 15 | 19 | 26 | 47 | 4342 | 3140 |
| Measles—German..... | — | — | 3 | 3 | 259 | 1415 |
| Meningococcal Meningitis..... | 1 | — | 6 | 3 | 21 | 48 |
| Mumps..... | 42 | 34 | 125 | 56 | 2754 | 1028 |
| Ophthalmia Neonatorum..... | — | — | — | — | 1 | 3 |
| Pneumonia—Lobar..... | — | 3 | 9 | 3 | 86 | 95 |
| Puerperal Fever..... | — | — | — | 1 | 2 | 7 |
| Scarlet Fever..... | 52 | 31 | 57 | 54 | 1167 | 380 |
| Septic Sore Throat..... | — | 1 | 2 | 2 | 58 | 13 |
| Smallpox..... | — | — | — | — | — | — |
| Tetanus..... | — | — | — | — | 2 | 1 |
| Trachoma..... | — | — | — | — | 5 | 6 |
| Tuberculosis..... | 42 | 44 | 56 | 13 | 491 | 454 |
| Typhoid Fever..... | — | 11 | 6 | 5 | 27 | 29 |
| Paratyphoid Fever..... | — | — | — | 1 | 2 | 1 |
| Typhoid Fever Carriers..... | — | — | 1 | — | 1 | 1 |
| Undulant Fever..... | — | 2 | — | — | 9 | 3 |
| Whooping Cough..... | 76 | 104 | 9 | 7 | 425 | 230 |
| Gonorrhoea..... | 99 | 117 | 88 | 80 | 1026 | 887 |
| Syphilis..... | 42 | 50 | 44 | 34 | 566 | 410 |

POLIOMYELITIS—Nine cases in Manitoba in this period and the peak for the year should be past. Ontario and Minnesota also have a few cases but not so many when their population is taken into account.

DIPHThERIA—Thirty-six cases in this period and thirty-one in the last. Twelve were in St. Boniface, eight in Winnipeg and eight in St. Andrews (one of the latter died). The balance were mostly single cases from various points in the Province. St. Andrews has not been toxoiding—net result—one death, one seriously ill and several other cases! Compare our figures with those of the other Provinces and States.

DYSENTERY—Not many cases reported but private information shows that bacillary dysentery is fairly wide-spread, at least throughout Manitoba and Saskatchewan. It is chiefly of the Flexner type. Specimens of faeces may be sent to the Provincial Laboratory for examination.

ENCEPHALITIS—Only two cases reported, both from the City of Winnipeg.

MUMPS—Are running along about as usual. Ontario has quite a number.

SCARLET FEVER—About the usual incidence but lower than earlier in the year. The use of toxin to immunize against this disease in areas where the disease is prevalent is very well worth while.

SMALLPOX—One case reported from Saskatchewan. The danger of small epidemics is always present.

TUBERCULOSIS—Our usual number of cases is reported. To lower this rate to any degree it is essential that every open and infectious case be sent to Sanatorium and kept there until no longer infectious.

WHOOPING COUGH—Seventy-six cases reported. It is a serious disease in infants and young children. Every effort should be made to prevent its spread.

DEATHS FROM COMMUNICABLE DISEASE

September, 1942

URBAN—Cancer 35, Tuberculosis 9, Syphilis 8, Pneumonia Lobar 3, Pneumonia (other forms) 5, Diphtheria 1, Influenza 1, Lethargic Encephalitis 1, Typhoid Fever 1, Whooping cough 1, Tetanus 1, Septicemia (non-puer.) 1, Septic Sore

Throat 2. Other deaths under 1 year 21. Other deaths over 1 year 178. Stillbirths 10. Total 278.

RURAL—Cancer 32, Tuberculosis 21, Pneumonia Lobar 1, Pneumonia (other forms) 7, Influenza 4, Diphtheria 1, Lethargic Encephalitis 1, Syphilis 1, Cerebrospinal Meningitis 1, Dysentery (bacillary) 1. Other deaths under 1 year 36. Other deaths over 1 year 195. Stillbirths 16. Total 317.

INDIANS—Tuberculosis 18, Pneumonia Lobar 1, Pneumonia (other forms) 5, Influenza 3, Cancer 2, Septicemia (non-puer.) 1. Other deaths under 1 year 5. Other deaths over 1 year 6. Total 41.

| DISEASE | Manitoba Oct. 8-Nov. 4 *722,447 | Ontario Oct. 4-Nov. 1 *3,752,000 | Saskatchewan Oct. 4-Nov. 1 *949,000 | Minnesota Oct. 4-Nov. 1 *2,792,300 | North Dakota Oct. 4-Nov. 1 *641,935 |
|-------------------------------|---------------------------------------|--|---|--|---|
| Anterior Poliomyelitis..... | 9 | 12 | — | 11 | 4 |
| Meningococcal Meningitis..... | 1 | 11 | — | 2 | 1 |
| Chickenpox..... | 270 | 538 | 116 | 139 | — |
| Diphtheria..... | 36 | 4 | 1 | 13 | 5 |
| Dysentery— | | | | | |
| Amebic..... | — | — | — | 9 | — |
| Bacillary..... | 2 | — | 3 | 1 | — |
| Erysipelas..... | 3 | 2 | 2 | — | — |
| Influenza..... | — | 28 | 2 | — | 20 |
| Encephalitis..... | 2 | — | 1 | — | 3 |
| Measles..... | 15 | 161 | 74 | 37 | 13 |
| German Measles..... | — | 27 | 9 | — | — |
| Mumps..... | 54 | 688 | 193 | — | — |
| Scarlet Fever..... | 52 | 330 | 78 | 199 | 23 |
| Septic Sore Throat..... | — | 1 | — | — | — |
| Smallpox..... | — | — | 1 | — | — |
| Tetanus..... | — | — | 1 | — | — |
| Tuberculosis..... | 42 | 219 | 13 | 61 | 42 |
| Typhoid Fever..... | — | 10 | — | — | — |
| Typhoid Para-Typhoid..... | — | 3 | 1 | — | — |
| Undulant Fever..... | — | 3 | — | — | — |
| Whooping Cough..... | 76 | 337 | 37 | 185 | 26 |
| Diphtheria Carriers..... | 14 | — | — | — | — |
| Gonorrhoea..... | 99 | 534 | — | — | 13 |
| Syphilis..... | 42 | 459 | — | — | 26 |

*Approximate populations

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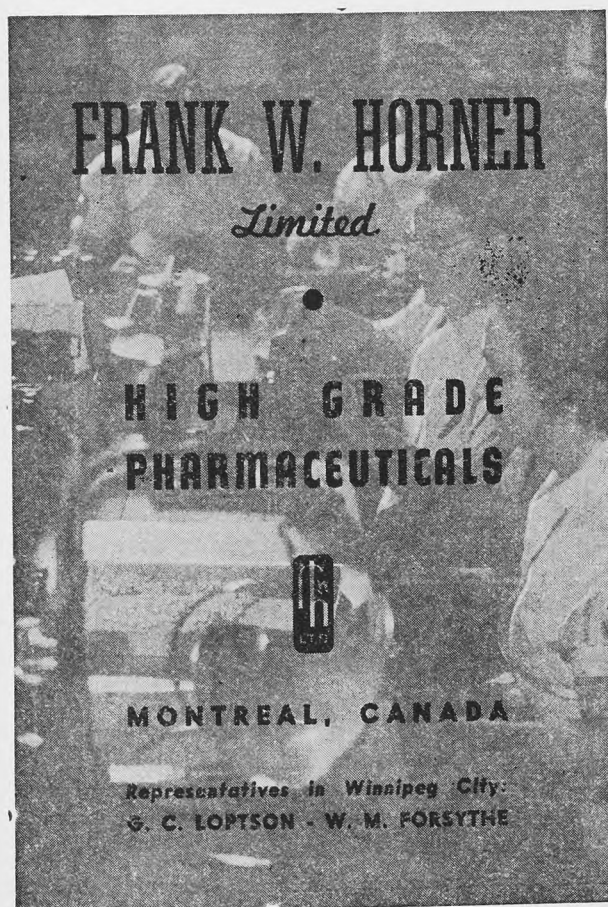
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MEDICAL SCIENCES

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